

Filing Fee for an Assumed Name \$125.00

Filing Fee for a Fictitious Name \$40.00

BUSINESS CORPORATION

STATE OF MAINE

**STATEMENT OF INTENTION
TO DO BUSINESS UNDER
AN ASSUMED OR FICTITIOUS NAME**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Real Name of Corporation)

Pursuant to [13-C MRSA §404](#), the undersigned corporation executes and delivers the following Statement of Intention to do Business Under an Assumed or Fictitious Name:

FIRST: ("X" one box only.)

☐

assumed name ([13-C MRSA §404.1](#))

☐

fictitious name ([13-C MRSA §404.2](#))

The corporation intends to transact business under the assumed or fictitious name of

_____.

Please note: A **fictitious name** is a name adopted by a **foreign corporation** authorized to transact business in this State because its real name is unavailable pursuant to [13-C MRSA §401](#).

Complete the following if applicable:

SECOND: If the **assumed name** is to be used at fewer than all of the corporation's places of business in this State, the location(s) where it will be used is (are):

THIRD: **(Foreign Corporation Only)**

Jurisdiction of incorporation _____ and the date on which
the corporation was authorized to transact business in Maine _____.

DATED _____

*By _____
(signature of any duly authorized person)

(type or print name and capacity)

*This document **MUST** be signed by any duly authorized officer **OR** the clerk. ([13-C MRSA §121.5](#))

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**